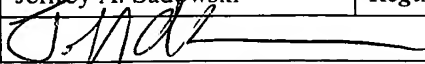


Please type a plus sign (+) inside this box → ☒Approved for use through 10/31/2002. OMB 0651-0032  
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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>Only for new nonprovisional applications under 37 CFR 1.53(b))</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | Attorney Docket No. 68,002-443                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     | First Inventor Nurenberg, et al.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SAW TABLE      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     | Express Mail Label No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EV296711172US  |
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     | ADDRESS TO: Commissioner for Patents<br>MAILSTOP Patent Application, PO BOX 1450<br>Alexandria, VA 22313-1450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><small>(Submit an original and a duplicate for fee processing)</small><br>2. <input type="checkbox"/> Applicant claims small entity status.<br><small>See 37 CFR 1.27.</small><br>3. <input checked="" type="checkbox"/> Specification [Total Pages (12)]<br><small>(preferred arrangement set forth below)</small><br>Descriptive title of the invention<br>Cross reference to related applications<br>Statement regarding Fed sponsored R & D<br>Reference to sequence listing, a table, or a<br>Computer program listing appendix<br>Background of the Invention<br>Brief Summary of the invention<br>Brief Description of the Drawings<br>Detailed description<br>Claim(s)<br>Abstract of the Disclosure<br>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets (17)]<br>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages (5)]<br>a. <input checked="" type="checkbox"/> Newly executed (original copy) (unexecuted)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63<br>(d))<br>(for continuation/divisional with Box 18 completed)<br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s)<br>Named in the prior application, see 37 CFR<br>1.63(d)(2) and 1.33(b).<br>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 |                                                                     | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)<br>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br><small>(if applicable, all necessary)</small><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statements verifying identify of above copies<br><div style="text-align: center; border: 1px solid black; padding: 2px;"> <b>ACCOMPANYING APPLICATION PARTS</b> </div> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><small>(when there is an assignee)</small><br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Copies of IDS<br>(IDS)/PTO-1449 Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><small>(Should be specifically itemized)</small><br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><small>(if foreign priority is claimed)</small><br>16. <input type="checkbox"/> Request and Certification under 35 USC 122<br>(b)(2)(B)(i). Applicant must attach form PTO/SB/35<br>or its equivalent.<br>17. <input checked="" type="checkbox"/> Other: Check for the payment of the filing fee |                |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data sheet under 37 CFR. 76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: ____/____<br>Prior application information: Examiner _____ Group Art Unit: _____<br><b>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |
| <b>19. CORRESPONDENCE ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label <span style="margin-left: 50px;">(Insert Customer No. or Attach bar code label here)</span> <span style="float: right;">or <input type="checkbox"/> Correspondence address below</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |
| 27305                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Jeffrey A. Sadowski                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Howard & Howard Attorneys, P.C.<br>39400 Woodward Avenue, Suite 101 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Bloomfield Hills                                                    | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Michigan       |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | United States                                                       | Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (248) 723-0423 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     | Fax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (248) 645-1568 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |

|                   |                                                                                     |                                   |                  |
|-------------------|-------------------------------------------------------------------------------------|-----------------------------------|------------------|
| Name (Print/Type) | Jeffrey A. Sadowski                                                                 | Registration No. (Attorney/Agent) | 29,005           |
| Signature         |  | Date                              | January 26, 2004 |

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012604



22764 U.S. PTO

# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 770

PTO/SB/17 (05-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## Complete if Known

|                      |                   |
|----------------------|-------------------|
| Application Number   | Herewith          |
| Filing Date          | Herewith          |
| First Named Inventor | Nurenberg, et al. |
| Examiner Name        | Unknown           |
| Group / Art Unit     | Unknown           |
| Attorney Docket No.  | 68,002-443        |

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other  
☐ Deposit Account ☐ None

Deposit  
Account  
Number

08-2789

Deposit  
Account  
Name

Howard &amp; Howard Attorneys, P.C.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

| Large<br>Fee<br>Code | Entity<br>Fee<br>(\$) | Small<br>Fee<br>Code | Entity<br>Fee<br>(\$) | Fee Description        | Fee Paid |
|----------------------|-----------------------|----------------------|-----------------------|------------------------|----------|
| 1001                 | 770                   | 2001                 | 385                   | Utility filing fee     | 770      |
| 1002                 | 340                   | 2002                 | 170                   | Design filing fee      |          |
| 1003                 | 530                   | 2003                 | 265                   | Plant filing fee       |          |
| 1004                 | 770                   | 2004                 | 385                   | Reissue filing fee     |          |
| 1005                 | 160                   | 2005                 | 80                    | Provisional filing fee |          |

SUBTOTAL (1)

(\$ 770

## 2. EXTRA CLAIM FEES

| Total Claims          | Extra<br>Claims | Fee<br>from<br>below | Fee<br>Paid |
|-----------------------|-----------------|----------------------|-------------|
| -20**                 | 0               | 0                    | 0           |
| -3**                  | 0               | 0                    | 0           |
| Multiple<br>Dependent |                 |                      | 0           |

| Large<br>Fee<br>Code | Entity<br>Fee<br>(\$) | Small<br>Fee<br>Code | Entity<br>Fee<br>(\$) | Fee Description                                            |
|----------------------|-----------------------|----------------------|-----------------------|------------------------------------------------------------|
| 1202                 | 18                    | 2202                 | 9                     | Claims in excess of 20                                     |
| 1201                 | 86                    | 2201                 | 43                    | Independent claims in excess of 3                          |
| 1203                 | 200                   | 2203                 | 145                   | Multiple dependent claim, if not paid                      |
| 1204                 | 86                    | 2204                 | 43                    | ** Reissue independent claims over original patent         |
| 1205                 | 18                    | 2205                 | 9                     | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2)

(\$ 0

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

| Large<br>Fee<br>Code | Entity<br>Fee<br>(\$) | Small<br>Fee<br>Code | Entity<br>Fee<br>(\$) | Fee Description                                                            | Fee Paid |
|----------------------|-----------------------|----------------------|-----------------------|----------------------------------------------------------------------------|----------|
| 1051                 | 130                   | 2051                 | 65                    | Surcharge - late filing fee or oath                                        |          |
| 1052                 | 50                    | 2052                 | 25                    | Surcharge - late provisional filing fee or cover sheet                     |          |
| 1053                 | 130                   | 1053                 | 130                   | Non-English specification                                                  |          |
| 1812                 | 2,520                 | 1812                 | 2,520                 | For filing a request for <i>exparte</i> reexamination                      |          |
| 1804                 | 920*                  | 1804                 | 920*                  | Requesting publication of SIR prior to Examiner action                     |          |
| 1805                 | 1,840*                | 1805                 | 1,840*                | Requesting publication of SIR after Examiner action                        |          |
| 1251                 | 110                   | 2251                 | 55                    | Extension for reply within first month                                     |          |
| 1252                 | 420                   | 2252                 | 210                   | Extension for reply within second month                                    |          |
| 1253                 | 950                   | 2253                 | 475                   | Extension for reply within third month                                     |          |
| 1254                 | 1,480                 | 2254                 | 740                   | Extension for reply within fourth month                                    |          |
| 1255                 | 2,010                 | 2255                 | 1,005                 | Extension for reply within fifth month                                     |          |
| 1401                 | 330                   | 2401                 | 165                   | Notice of Appeal                                                           |          |
| 1402                 | 330                   | 2402                 | 165                   | Filing a brief in support of an appeal                                     |          |
| 1403                 | 290                   | 2403                 | 145                   | Request for oral hearing                                                   |          |
| 1451                 | 1,510                 | 1451                 | 1,510                 | Petition to institute a public use proceeding                              |          |
| 1452                 | 110                   | 2452                 | 55                    | Petition to revive - unavoidable                                           |          |
| 1453                 | 1,330                 | 2453                 | 665                   | Petition to revive - unintentional                                         |          |
| 1501                 | 1,330                 | 2501                 | 665                   | Utility issue fee (or reissue)                                             |          |
| 1502                 | 480                   | 2502                 | 240                   | Design issue fee                                                           |          |
| 1503                 | 640                   | 2503                 | 320                   | Plant issue fee                                                            |          |
| 1460                 | 130                   | 1460                 | 130                   | Petitions to the Commissioner                                              |          |
| 1807                 | 50                    | 1807                 | 50                    | Processing fee under 37 CFR 1.17(q)                                        |          |
| 1806                 | 180                   | 1806                 | 180                   | Submission of Information Disclosure Stmt                                  |          |
| 8021                 | 40                    | 8021                 | 40                    | Recording each patent assignment per property (times number of properties) |          |
| 1809                 | 770                   | 2809                 | 385                   | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |
| 1810                 | 770                   | 2810                 | 385                   | For each additional invention to be examined (37 CFR § 1.129(b))           |          |
| 1801                 | 770                   | 2801                 | 385                   | Request for Continued Examination (RCE)                                    |          |
| 1802                 | 900                   | 1802                 | 900                   | Request for expedited examination of a design application                  |          |

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 0

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

Jeffrey A. Sadowski

Registration No. Attorney/Agent)

29,005

Telephone

248-723-0423

Signature

Date

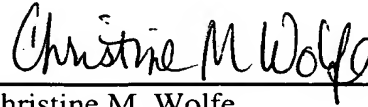
01/26/04

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**CERTIFICATE OF EXPRESS MAILING**

I hereby certify that the enclosed **PATENT APPLICATION** and fee is being deposited with the United States Postal Service as Express Mail, postage prepaid, in an envelope as "Express Mail Post Office to Addressee" Mailing Label No. **EV296711172US** and addressed to MAILSTOP PATENT APPLICATIONS, Commissioner of Patents, PO Box 1450, Alexandria, VA 22313-1450, on **January 26, 2004**.

A handwritten signature in cursive script, reading "Christine M. Wolfe", written in dark ink.

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Christine M. Wolfe